



North Sound BH-ASO

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North Sound Behavioral Health Administrative Services Organization

Northwest Youth Services

OPIOID OUTREACH SERVICES (YOUTH)

Reporting Month: _____ and Year: _____

Name of Provider/County: _____

1. Number of individuals provided outreach services this month:
 - a. Of that, number of individuals that identified as Co-Occurring:
 - b. Of that, number of individuals that are opioid users:
 - c. Number of individuals that use drugs intravenously:
 - d. Number of individuals that are poly substance users:
 - e. Of the total, number of individuals who are pregnant or parenting:
2. Number of individuals who completed a SUD assessment this month:
3. Number of individuals referred to SUD treatment this month:
4. Number of individuals referred to mental health services:
5. Number of individuals that received recovery planning this month:
6. Number of individuals provided access to other identified needed services (medical, housing, food, clothing, etc.):

Additional Notes/Information: _____